

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Morehart for Judge					
Full Name of Contributor Larry Reihl				Registration Number, if PAC	
Street Address 500 S. Front St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Cash		Amount 100.00
Full Name of Contributor Cathy Kunt				Registration Number, if PAC	
Street Address 49 Tibet Rd.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc) Cash		Amount 25.00
Full Name of Contributor John Galasso				Registration Number, if PAC	
Street Address 2229 Blue Bell Lane.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc) Cash		Amount 50.00
Full Name of Contributor Sherman Alverson				Registration Number, if PAC	
Street Address 844 S. Front St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Cash		Amount 50.00
Full Name of Contributor Sheryl Munson				Registration Number, if PAC	
Street Address 373 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Cash		Amount 100.00
Full Name of Contributor Larry Ezell				Registration Number, if PAC	
Street Address 2540 Indianola Ave.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc) Cash		Amount 50.00
Full Name of Contributor Susan Boyle				Registration Number, if PAC	
Street Address 336 S. High St.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Cash		Amount 100.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

\$7,295.00

Total expenditures this event

0.00

Page Total \$ **475.00**